



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF ADDRESS FORM
Payment Instruments, Money Transmission

Instructions:

1. Please complete this form when requesting a change of address for a licensed location. **Please advise if the mailing address (if currently different from licensed location) will remain the same.**
2. Please return original license(s) with this form.
3. Please have the surety company issue a bond rider/endorsement to the surety bond to reflect the change of address and return with this form.
4. If the **mailing address only** is being changed, please complete the bottom portion of this form. (The license does not need to be returned and a rider is not necessary.)

Changes of address will not be processed until ALL the necessary forms and fees are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Nancy Wawruck at 860-240-8221 or via e-mail at nancy.wawruck@ct.gov.

LICENSE NUMBER(s)

NAME OF LICENSEE

DBA NAME (if applicable)

CURRENT LOCATION:

Street Address

City/Town

State/ZipCode

PROPOSED LOCATION:

Street Address

City/Town

State/ZipCode

Telephone Number (if applicable)

Effective date of move

MAILING ADDRESS ONLY CHANGE

Street Address

City/Town

State/ZipCode

Name of person completing this form _____ Date _____

Telephone # _____ E-mail Address _____